

REMARKS OF U.S. REPRESENTATIVE JOHN E. FOGARTY, SECOND CONGRESSIONAL DISTRICT OF RHODE ISLAND AT ANNUAL MEETING OF NATIONAL TUBERCULOSIS ASSOCIATION AT STATLER-HILTON HOTEL, NEW YORK CITY, MONDAY, MAY 25, 1964 at 9 AM

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In 1958, just six years ago, I was privileged to meet with you at your annual meeting in Philadelphia. These six years have been extremely eventful years in tuberculosis control and years during which I believe we have all learned many lessons. As I attempt to remember back to that occasion, I seem to recall that we were all flushed with the excitement of the successes of the immediately preceding years in the campaign against tuberculosis. We were experiencing the thrills which accompany any success. It would appear, however, that we were all a bit presumptuous in our assessment of the battle which the tubercle bacilli would continue to give. This fact has become increasingly apparent during the intervening years. As our Committee has annually made its assessment of progress against tuberculosis, we have found that the quick, sure victory for which we all hoped was proving to be most elusive. The experiences of these past six years have been a disappointment to me as I presume they have been to you. At that time, we had the 1956 statistics before us and these showed a most encouraging 9.7 percent reduction in the number of new active cases. This degree of decline, as I am sure you all know, has not been maintained, and between the years 1961 and 1962 the decrease was less than 1 percent for the reporting of new active cases of tuberculosis in the United States.

I would be the first to admit that I am not fully acquainted with all of the subtleties which are required for a complete understanding of the problem of tuberculosis control. This factor probably accounts, at least in part, for my impatient attitude toward the lack of progress that we have been making in recent years. The fact that I am an impatient man by nature would help to account for this fact also. Nonetheless, it seemed to me, and on this point I agree with Congressman Laird, that there was entirely too much waste. Waste of human lives, waste of time, waste of tax dollars, and all on a disease which is unnecessary. Again -- I would be the first to admit that I didn't know the reasons for this lack of progress, but I was greatly concerned that it might be due to an apathetic view toward a serious health problem and a misuse of the potential which is ours.

Now, there is a natural tendency to say: "There ought to be a law." But tuberculosis can't be legislated out of existence. I accept the fact that it is the God given right of a man to die of his tuberculosis if he so chooses. I do not, however, recognize any such right to transmit tuberculosis to some unsuspecting victim. I have been concerned by the fact that with an inadequate program we were allowing the transmission of tuberculosis to the unsuspecting, creating in that act a personal tragedy and forcing that person to accept a health liability for the remainder of his life -- that of possibly developing active tuberculosis and perhaps

of dying, from this unnecessary disease.

I agree completely with the previous speaker in his statement that the health interest of the people of this Nation surpass the political interests of any party. Whether it be Democratic or Republican administration, I believe that all possible should be done to protect the health of American citizens. Because of this firm conviction, I have not been satisfied with efforts to eliminate tuberculosis as recommended by both Democratic and Republican administrations over the past four or five years. Each year, I have reminded representatives of the Public Health Service that, according to the information provided to our Subcommittee, it was possible to reduce tuberculosis to the very minimum if not to eliminate it. I asked whether or not such efforts were being made. Each year the answer was the same: "No." -- that greater effort would be needed if this accomplishment was to be realized.

It seemed to our Committee that the facts at hand, the knowledge of the possible in relation to the eradication of tuberculosis, simply did not jibe with the rate of progress. I too am not an expert in medical matters. But it seemed to me that the time for patient waiting was at an end -- that the situation called for more affirmative, more aggressive action. This is what lead me to suggest that our Subcommittee recommend to the Surgeon General the appointment of a Task Force of persons expert in the field

of tuberculosis control to study this situation and to make recommendations as to the next steps required to bring about the elimination of tuberculosis.

It is interesting to note that in the time intervening between April, 1963, when this recommendation was made to the Surgeon General, and the present there has been a considerable amount of thought and activity relative to this same desired end. For example, in the fall of 1963, and at the meeting of the Southern Tuberculosis Conference, Dr. Lemaistre addressed that group on the subject of "Tuberculosis Eradication -- What Price?" He spoke of the need for a new approach if we are to eliminate tuberculosis and the fact that this new approach required the use of all present component segments of our tuberculosis program with better organization and better administration. There was also a comprehensive survey with a consequent report made by the NTA and the Public Health Service relative to areawide planning of facilities for tuberculosis services. Our Committee was informed also of the fact that your Association's Committee on Guidance for Tuberculosis Programs, after lengthy study, brought forth a number of recommendations, of objectives, of premises, which are strikingly similar to those recommended by the Task Force appointed by the Surgeon General. All seem to agree that prevention of new infection is the primary basis currently available for increased acceleration

in the decline of tuberculosis -- that a campaign which will contain the tubercle bacilli where they are now is an absolute must in any eradication program.

Before dealing with the specific recommendations of the Task Force, I'd like to make just a comment or two relative to the problem which confronts us. Congressman Laird has outlined in some detail, statistics which indicate the proportions of this problem. Some of these figures really scare you -- at least they scare me. The thought of 64,000 unhospitalized patients with active tuberculosis that we know about to say nothing of the number of persons with active tuberculosis that we don't know about is a situation which I believe calls for affirmative action. And then when I read the Task Force's projection that if we continue our present program that at the end of ten years, we will still have an approximate 39,000 new active cases -- 70 percent of the present number -- this doesn't seem a cause to rejoice.

I prefer the outlook approximated if the recommendations are put into effect -- the reduction, for instance, of 97 percent in relapsed cases. And I am most intrigued and encouraged by one bit of testimony given to our Committee by Dr. Goddard of the Public Health Service who, when testifying about the financial savings which would accrue to the Nation, stated that this would

amount to 1½ billion dollars in a 10-year period. As I told members of the House -- not to accept these recommendations would be a tragic example of being penny wise and pound foolish.

Now, I would like to refer to the specific recommendations which have been made by the Task Force. I agree with Mr. Laird that this campaign calls for the joint contributions of the Federal Government, State governments, local governments, and of tuberculosis associations. It seems to me that the Task Force has taken this into consideration and has in fact mentioned in their Report the specific contributions which might be available from these sources. I can in no way judge qualitatively the recommendations which are made as to how long an unhospitalized, inactive case should be followed or precisely which person or groups are at particular risk of contracting this disease. You most certainly are in a better position to make a judgment upon this than I. It seemed to our Committee, however, that the recommendations provide a pattern -- an organized method of approach which could be applicable throughout the entire United States. Available too are yardsticks against which to measure accomplishment and progress.

Most certainly, it should be possible to tell whether or not tuberculin tests are given to all children entering school and to all 14 year olds. It should be possible to concentrate upon the

further examination of positive reactors to this test and associates of these reactors. It should be possible to accurately record the precise number of school teachers and school employees who are examined. It should be possible to know specifically how many of the persons routinely admitted to public hospitals in cities of over 250,000 population do actually receive x-ray examinations. Certainly, we can tell whether or not the recommended six teaching fellowships in tuberculosis have been established in medical schools. Certainly, we can evaluate whether or not there are added opportunities provided to physicians and other professional workers to bring their knowledge of tuberculosis up to date. Certainly, we can watch carefully and judge the progress made in the recruitment and training of persons for assignment to States to work in tuberculosis control activities.

I personally think it very important that the recommended central service for records and the use of automatic data processing equipment should be begun without delay. If we are to commence this total effort on a nationwide basis, it seems academic to me that a central reference for the information needed relative to cases, status of disease, and the other important medical data is imperative. In these days of extremely rapid and incessant mobility by our population, it is naive to consider the possibility of maintaining this kind of information on anything other than the most sophisticated electronic systems available.

And on one other point -- the recommendation relative to increased activity on applied tuberculosis research, particularly that having to do with epidemiological studies -- I am not unmindful of the fact that it was the recommendation of your Committee, made through Dr. Shipman and Dr. Pfuetze, that in their opinion the amount suggested by the Task Force was probably below the minimum necessary. Quite frankly, I wish that our Subcommittee and the House could have been a bit more generous relative to both this item and some of the other points which I have just enumerated, and by these I mean all activities recommended, not just the grants needed to accelerate the actual control program.

As I have read the Report of the Task Force, and as I have studied some of the other material which has been available recently, I have been forced to accept grudgingly some of the disappointments of the past six years, and I have learned to have an increasing respect for the formidable adversary which is the disease, tuberculosis. I am willing to admit that perhaps I have been a bit too impatient. I am not unmindful of the progress since Koch and Roentgen. Nor am I unmindful of the contributions that many have made. But I agree with my colleague, we cannot be satisfied with the present rate of progress if it is possible to accelerate that rate of progress. I am proud of the part that our



Subcommittee had in the initiating of this blueprint for action.

I am proud of the contribution made by the Task Force itself, both in their study and in their recommendations. But this is simply the start.

Through the next several years our Subcommittee, I can promise you, is going to keep a close watch on the progress of this program. You are in a much better position than we to make sure that it does succeed. Surely if in the tenth year of this campaign there are more than the 22,000 newly reported active cases projected by the Task Force, I will not say that our efforts have been without success. But if after ten years the record shows not a great deal of improvement over our present campaign, which to my mind is too accurately described as one of attrition, and unless results are evident to indicate that we have greatly accelerated our efforts, I will be extremely disappointed. In its Report, the Task Force stated that it refused to accept as inevitable a continuing delay of progress against tuberculosis. I share this view.

I promise you now that I shall do everything within my power to support the program as recommended in this Task Force Report unless and until there is evidence of a better method. I ask that each of you give of your best efforts in this all-out campaign. Thank you.